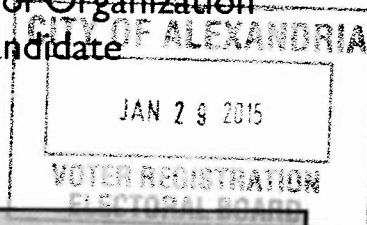




★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate



*Please read instructions before completing this form.

| Type of Statement | | | | | |
|--|--|--------------------------|---------------------|--|--|
| <input type="checkbox"/> NEW This committee is registering with the Virginia Department of Elections for the first time. | <input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>Issued Committee ID</td></tr><tr><td></td><td></td></tr></table> | Date Changes Took Effect | Issued Committee ID | | |
| Date Changes Took Effect | Issued Committee ID | | | | |
| | | | | | |
| Committee Information | | | | | |
| Committee Information | NAME OF CANDIDATE CAMPAIGN COMMITTEE "FRIENDS OF BILL EUILLE" | | | | |
| | STREET ADDRESS/PO BOX P.O. Box 25048 | | | | |
| | CITY ALEXANDRIA | | | | |
| | STATE VA | | | | |
| | ZIP CODE 22313 | | | | |
| | EMAIL ADDRESS billegemglo.com | | | | |
| CANDIDATE INFORMATION | | | | | |
| Candidate Information | Salutation Mr | | | | |
| | Last Name EUILLE | | | | |
| | First Name WILLIAM | | | | |
| | Middle Name DARNELL | | | | |
| | Suffix Jr | | | | |
| | Residence Address 620 N. Fayette St. #101 | | | | |
| | City ALEXANDRIA | | | | |
| State VA | | | | | |
| Zip Code 22314 | | | | | |
| County or City of Residence ALEXANDRIA | | | | | |
| Email Address billegemglo.com | | | | | |
| Daytime Phone # (703) 307-0851 | | | | | |
| <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | | | | | |
| Election Information | | | | | |
| Election Information | Office Sought Mayor | | | | |
| | District (if one) None | | | | |
| | Political Party DEMOCRAT | | | | |
| Year of Election 2015 | Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special | | | | |



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate


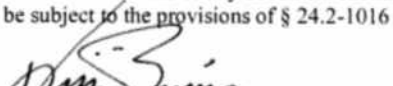
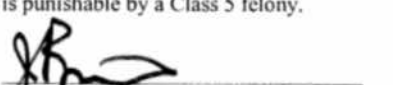
| Treasurer Information | | |
|--|--|--|
| Treasurer Information | BRUSICK JAMIE ANTHONY Salutation Last Name First Name Middle Name Suffix | |
| | 6203 MOUNTAIN SPRING COURT Residence Address Apt # | |
| | CLIFTON VA. City State Zip Code | |
| | FAIRFAX 917188300 County or City of Residence Voter Identification # | |
| | JBRUSICK@VERIZON.NET 703-554-4470 Email Address Daytime Phone # | |
| | <input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above. | |
| | Campaign Depository | |
| UNITED BANK Name of Primary Financial Institution | | |
| ALEX, VA. City State | | |
| Name of Other Financial Institution (if applicable) | | |
| City State | | |
| Committee Activity | | |
| Dates of Activity | Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A") | |
| | Date first contribution accepted: 2005 | |
| | Date first expenditure made: 2005 | |
| | Date campaign depository designated: 2005 | |
| | Date filing fee paid for party nomination: 2005 | |
| | Date Statement of Qualification filed: 2005 | |
| Date treasurer appointed: 2005 | | |

(continued on next page)



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

| Filing Method | |
|-----------------------|--|
| Filing Method | <p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using ELECT's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an ELECT Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p> Signature</p> <p><u>1/20/15</u> Date</p> |
| Signatures | |
| Candidate's Signature | <p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> Candidate's Signature</p> <p><u>1/20/15</u> Date</p> |
| Treasurer's Signature | <p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p> Treasurer's Signature</p> <p><u>JAN. 26, 2015</u> Date</p> |